

Weatherization Assistance Program

170 N. Main Logan, UT 84321

Phone: (435) 752-7242 Fax: (435) 713-1494

The Weatherization Assistance Program helps low-income individuals and families reduce energy costs and increase comfort and safety in their homes. Individuals, families, the elderly and the disabled who are making no more than 200 percent of the current federal poverty income level are eligible for help. However, priority is given to the elderly and disabled, households with high-energy consumption, emergency situations and homes with preschool-age children. An energy audit would be performed on your home. Measures could include Increased Insulation, New Furnace, Water Heaters, Refrigerators, Setback Thermostats, and Compact Fluorescent light bulbs.

To apply for weatherization assistance, individuals must submit their application to the agency that services the county in which they reside. To receive this services please return this application along with:

- ✓ **Proof of HEAT program qualification in the past 12 months.**
- ✓ **Proof of ownership**, if you own or are buying your home. A property tax notice statement including name and address of applicant. A Copy of your Title may be obtained from the DMV if you live in a mobile Home. (Deeds will not be accepted. It must be submitted with county recorder)
- ✓ **Landlord's full name and mailing address**, if you are renting. We have a contract which the landlord must sign and have notarized before we can approve applications for the rental units.

Application will not be processed until all requested information is received. On the back side of this letter is the privacy act for you to keep for your information. I would also like to notify you that there is a waiting period of approximately two years for this program unless there are circumstances of having elderly, disabled individuals or young children living within your home. I would like to add the note that this is not inclusive to our emergency heat assistance (Furnace Repair). If you have any questions regarding this request, please call (435)752-7242, or toll free at (877)772-7242.

PRIVACY ACT

Privacy Act Provisions

Under section 3(e)(3) of the Privacy Act 1974, 5 USC 552a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

Program Authority

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program, and to require a weatherization agency implementing this program to keep records for DOE monitoring.

The State of Utah Weatherization Assistance Program is the recipient of weatherization funds from both DOE and the Department of Health and Human Services, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

Voluntary Disclosure

Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

Principal Purpose of Information

The information will be used by the local weatherization agency to implement the weatherization program. It will be used by DOE to monitor the effectiveness of the program.

Routine Uses

The information, which you provide, will be used in monitoring and evaluating the effectiveness of the weatherization program. In addition, the information may be used in investigative, enforcement, or prosecutorial proceedings.

Effects of Not Providing Information

Should you decline to provide the information requested on the Application form, your dwelling cannot be considered for weatherization assistance

APPLICATION FOR HOME WEATHERIZATION

The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Dominion Energy. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. Providing false information, to obtain assistance, will result in this Weatherization application being denied. You should also receive a Privacy Act statement with this application for Weatherization services.

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED

Applicant's Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Date of Birth _____ Age _____ E-Mail address: _____ (if you have one)

The Home to be weatherized is:

Owner Occupied: _____ Title is recorded in the name of: _____

Rented or Leased: _____ Landlord Name & Address: _____

A signed Landlord Agreement must be included if the application is for a rented or leased dwelling.

Date of construction (if known): _____ Is the home a mobile/manufactured home? Yes _____ No _____

This dwelling is scheduled for or has in progress other housing rehabilitation besides Weatherization. Yes _____ No _____

Does this household contain members that are Native Americans? Yes _____ No _____ (for federal reporting only)

Home is Located on Tribal Lands (Dwellings located on tribal lands do not require proof of Ownership): ☐

Total number of people living at the above residence: _____ List each below:

Name	Date of Birth	Age	Sex	Proof of Citizenship Soc. Sec. # or equiv.	Income***	Source	Disabled?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

List additional household members on the back of the application.

***Income for the month before application. Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for Weatherization services.

I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine weatherization needs, complete the weatherization work, and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I authorize employers, government agencies, (Soc. Sec. Admin, Veterans Admin, Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant permission for Rocky Mountain Power to pay the State of Utah for the installation of approved measures and administrative services in the dwelling I occupy, described above. I acknowledge that I have received a copy of the Privacy Act.

Applicant's Signature: _____

Date: _____

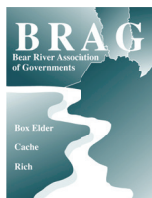
Agency Intake Approval: _____

Date: _____

Agency Editor Approval: _____

Date: _____

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Phone: (435) 752-7242 Fax: (435) 752-6962

Jesse Waite, Weatherization Director

jessew@brag.utah.gov

AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION

Applicant Name: _____

Application Number: _____

This Form Authorizes the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: _____

Mailing Address (if different): _____

Unit or Apt #: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Information Specified

This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (*billing history does not include the payment history or notices of discontinuation of service).

Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

NATURAL GAS RELEASE

Natural Gas Provider: _____

Name of Account Holder: _____

Service Agreement #: _____

Account #: _____

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account
Holder

Signature: _____ Date: _____

ELECTRICITY RELEASE

Electricity Provider: _____

Name of Account Holder: _____

Account #: _____

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account
Holder

Signature: _____ Date: _____



Authorization to Release Customer Information to a Third Party Agent



This is a legal binding contract. This form must be signed by the account holder or authorized agent for the account holder (such as CFO or City Manager).

Account:

Service Address:

I, _____ of the above referenced account located at _____
CUSTOMER NAME OR AUTHORIZED AGENT ADDRESS

do hereby authorize Questar Gas Company ("Dominion Energy") to release the designated information below

To _____
THIRD PARTY NAME/COMPANY

To _____
THIRD PARTY NAME/COMPANY

This authorization provides the right to the designated Third Party Agent to request information regarding the items initialed below:

_____ Billing History (not including payment history or discontinuation of service) and all meter usage data used in the billing calculations of the specified account

_____ All meter usage data relating to the specified account

_____ A copy of the bills on the specified account mailed to the third party

_____ Deliver copies of any notices regarding termination of my natural gas service

This authorization will remain in full force and effect until date of _____. *If unspecified, this authorization will be limited to a one-time request.*

I, _____ declare that:

- ☐ I am authorized to execute this document on behalf of the account record
- ☐ I have the authority to financially bind the Customer Record
- ☐ I am granting the Third Party Agent(s) listed above the right to request the release of specified account information

I understand that Dominion Energy reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.

I hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, and causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization; the unauthorized use of this information by the Third Party Agent; and any actions taken by the Third Party Agent pursuant to this authorization.

Customer Signature: _____

Customer Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.

I, Third Party Agent, hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: _____

Third Party Agent Company: _____

Third Party Agent Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.



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APPLICANT HEALTH AND SAFETY EVALUATION

Applicant Name:

Application Number:

Client Pre-Weatherization Assessment of Home Health and Safety: To be completed by the client and submitted as part of the Weatherization Assistance Application. Please answer all questions as accurately as possible.

1. Do you have mold or mildew problems in your home, or do you experience high humidity at any time of the year? ☐ Yes ☐ No

If Yes, please describe location & time of year _____

2. Is the basement or crawl space below your home frequently damp or wet? ☐ Yes ☐ No

3. Please check if you typically store any of the following items *inside* your home:

- | | | | |
|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Solvents | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Space Heaters |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Grease | <input type="checkbox"/> Herbicides | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints | <input type="checkbox"/> Oil | <input type="checkbox"/> Gas Powered Equipment | <input type="checkbox"/> None |

4. Please check if any member of your household is experiencing any of the following symptoms:

- | | | | |
|---|---|--|-------------------------------|
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Chronic drowsiness | <input type="checkbox"/> Dizziness | <input type="checkbox"/> None |
| <input type="checkbox"/> Burning or watery eyes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Repeated Nausea | |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Other: _____ | |

Answer the following *If* a member of your household is experiencing symptoms:

- Number of household member(s) experiencing symptoms _____
- List the age of the household member(s) experiencing symptoms _____
- During which season are symptoms most severe:
☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ No difference
- Symptoms are most severe in household members who spend most of their time
☐ Inside the home ☐ Outside ☐ Away from the home ☐ No difference

5. Check if any of the following things have occurred at your home in the last 2 years:

- | | | |
|---|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> New Carpets | <input type="checkbox"/> Changes to your Water Heater |
| <input type="checkbox"/> Extensive Remodeling | <input type="checkbox"/> New Draperies, or furniture | <input type="checkbox"/> New Wood Stove |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Changes to your heating system | <input type="checkbox"/> Changes to your existing wood stove |

6. Is there anything else about your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain: _____

7. I have answered the above questions to the best of my knowledge.

Applicant Signature: _____

Date: _____

